

PREVENTION PARTNERS TRAINING REGISTRATION FORM

Please fax completed Registration to Prevention Partners at 803-737-0557

- ◆ You must complete **ALL** the fields on this form or the form will be returned and you will not be registered for the class.
- ◆ Faxing or mailing a completed registration form does not guarantee enrollment in a class.
- ◆ Upon receipt of your completed form, Prevention Partners will contact you concerning your enrollment.

Training Session Name: _____

Date of Session: _____

First Name: _____

Last Name: _____

Title: ☐ Benefits Administrator
☐ Prevention Partners Coordinator
☐ Other

Employer: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Email: _____